

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 130
Registered No. 250

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 135 Mex. Canon St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Concepcion Sanchez { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 6. Legitimate? yes 7. Date of birth May 4 - 1929
Month Day Year

8. FATHER
Full name Francisco Sanchez
9. Residence (Usual place of abode) Miami
If non-resident, give place and state. Arizona
10. Color or race Mex.
11. Age at last birthday 37 (Years)

12. Birthplace (city or place) Durango
(State or country) Mex.

13. Occupation
Nature of Industry Miner

14. MOTHER
Full maiden name Urbana Sanchez
15. Residence (Usual place of abode) Miami
If non-resident, give place and state. Arizona
16. Color or race Mex.
17. Age at last birthday 36 (Years)

18. Birthplace (city or place) Durango
(State or country) Mex.

19. Occupation
Nature of Industry Housewife

20. Number of children of this mother. 4 (Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 4
(b) Born alive but now dead 0
(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1:15 A. m. on the date above stated.
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Cyril M. Cronin
Physician
(Physician or midwife).

Given name added from a supplemental report _____ Address Miami, Arizona

Month, day, year

Filed June 12, 29 C. E. Cronin
Registrar

Registrar

329-504-429

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.